

TITLE OF THE ABSTRACT : OCCULT HEPATITIS B AND NAFLD AS ETIOLOGICAL FACTORS FOR NON B NON C HEPATOCELLULAR CARCINOMA

DEPARTMENT: GASTROENTEROLOGY

NAME OF THE CANDIDATE: DEEPU DAVID

DEGREE AND SUBJECT: DM GASTROENTEROLOGY

NAME OF THE GUIDE: DR R. JEYAMANI

AIM OF THE STUDY: To analyze the prevalence of risk factors of NAFLD and occult hepatitis B infection in patients with Non-B Non-C hepatocellular carcinoma

MATERIALS AND METHODS: Patients with hepato-cellular carcinoma, negative for HBsAg and anti-HCV antibody were included in this study done between June 2013 to November 2014,. Besides clinical examination, anthropometric measures and routine laboratory investigations, all patients underwent testing for antibody against Hepatitis B core antigen (anti-HBc) and quantitative PCR for Hepatitis B virus DNA. Occult hepatitis B infection was defined as presence of HBV DNA in the absence of HBsAg positivity. All patients were assessed for risk factors of NAFLD such as diabetes, hypertension, dyslipidemia, metabolic syndrome, waist hip ratio and family history of diabetes mellitus.

RESULTS: 47 patients with HCC (M:37; Age:60±10 years; mean,SD) were included. At presentation, 11(26%) patients were within Milan criteria and MELD was 11± 4. 25 patients were in Child's class A. Significant alcohol intake (> 20 gm/d for ≥ 5 years) was noted in 10(23%) patients.

13(28%) patients were positive for anti-HBc. However, none of the study patients had detectable HBV DNA in blood. Prevalence of risk factors for NAFLD were – DM: 22(51%), hypertension: 16(34%), dyslipidemia: 13(28%) and metabolic syndrome: 21(45%). 34(72.34%) had at least one risk factor for NAFLD.

CONCLUSIONS: 72% of the patients had a risk factor of non alcoholic fatty liver disease. None of the patients were positive for occult Hepatitis B infection. Hence NAFLD seems to be the major etiological contributing factor in patients with Non B Non C Hepatocellular carcinoma in this study.
